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PTO/SB/05 (11-00)

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JC978 U.S. PTO

09/28/01

UTILITY PATENT APPLICATION TRANSMITTAL

(Only for new nonprovisional applications under 37 CFR 1.53(b))

Attorney Docket No. 15685P108

First Inventor Athanasios A. Kasapi

Title A SYSTEM AND RELATED METHODS FOR INTRODUCING

SUB-CARRIER DIVERSITY IN A WIDEBAND COMMUNICATION

Express Mail Label No. EEL 054439581 US

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09/28/01

APPLICATION ELEMENTS

See MPEP chapter 600 concerning utility patent application contents

- | | |
|--|---|
| <p>1. <input checked="" type="checkbox"/> Fee Transmittal Form (e.g., PTO/SB/17)
(Submit an original and a duplicate for fee processing)</p> <p>2. <input type="checkbox"/> Applicant claims small entity status.
See 37 CFR 1.27.</p> <p>3. <input checked="" type="checkbox"/> Specification [Total Pages 24]
<i>(preferred arrangement set forth below)</i>
- Descriptive title of the Invention
- Cross References to Related Applications
- Statement Regarding Fed sponsored R & D
- Reference to sequence listing, a table, or a computer program listing appendix
- Background of the Invention
- Brief Summary of the Invention
- Brief Description of the Drawings (<i>if filed</i>)
- Detailed Description
- Claim(s)
- Abstract of the Disclosure</p> <p>4. <input checked="" type="checkbox"/> Drawing(s) (35 U.S.C. 113) [Total Sheets 3]</p> <p>5. Oath or Declaration [Total Pages 3]
a. <input checked="" type="checkbox"/> Newly executed (original or copy)
b. <input type="checkbox"/> Copy from a prior application (37 C.F.R. § 1.63(d))
<i>(for continuation/divisional with Box 18 completed)</i>
i. <input type="checkbox"/> <u>DELETION OF INVENTOR(S)</u>
Signed statement attached deleting inventor(s) named in the prior application, see 37 CFR 1.63(d)(2) and 1.33(b)
c. <input checked="" type="checkbox"/> Unsigned</p> <p>6. <input type="checkbox"/> Application Data Sheet. See 37 CFR 1.76</p> | <p>7. <input type="checkbox"/> CD-ROM or CD-R in duplicate, large table or Computer Program (Appendix)</p> <p>8. Nucleotide and/or Amino Acid Sequence Submission
<i>(if applicable, all necessary)</i>
a. <input type="checkbox"/> Computer Readable Form (CRF)
b. Specification Sequence Listing on:
i. <input type="checkbox"/> CD-ROM or CD-R (2 copies); or
ii. <input type="checkbox"/> paper
c. <input type="checkbox"/> Statements verifying identity of above copies</p> |
|--|---|

ACCOMPANYING APPLICATION PARTS

- | | |
|---|--|
| <p>9. <input checked="" type="checkbox"/> Assignment Papers (cover sheet & document(s))</p> <p>10. <input type="checkbox"/> 37 C.F.R. § 3.73(b) Statement <input type="checkbox"/> Power of Attorney
<i>(when there is an assignee)</i></p> <p>11. <input type="checkbox"/> English Translation Document (<i>if applicable</i>)</p> <p>12. <input type="checkbox"/> Information Disclosure Statement (IDS)/PTO-1449 <input type="checkbox"/> Copies of IDS Citations</p> <p>13. <input type="checkbox"/> Preliminary Amendment</p> <p>14. <input checked="" type="checkbox"/> Return Receipt Postcard (MPEP 503)
<i>(Should be specifically itemized)</i></p> <p>15. <input type="checkbox"/> Certified Copy of Priority Document(s)
<i>(if foreign priority is claimed)</i></p> <p>16. <input type="checkbox"/> Request and Certification under 35 U.S.C. 122 (b)(2)(B)(i).
Applicant must attach form PTO/SB/35 or its equivalent.</p> <p>17. <input type="checkbox"/> Other:</p> | |
|---|--|

18. If a CONTINUING APPLICATION, check appropriate box, and supply the requisite information below and in a preliminary amendment:
- Continuation Divisional Continuation-in-part (CIP) of prior application No: _____

Prior application Information: Examiner _____

Group/Art Unit: _____

For CONTINUATION OR DIVISIONAL APPS only: The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 5b, is considered a part of the disclosure of the accompanying continuation or divisional application and is hereby incorporated by reference. The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts.

18. CORRESPONDENCE ADDRESS



08791

PATENT TRADEMARK OFFICE

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or Correspondence address below Customer Number of Bar Code Label

Name			
Address			
City	State	Zip Code	
Country	Telephone		Fax

Name (Print/Type)	Michael A. Proksch	Registration No. (Attorney/Agent)	43,021
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Signature		Date	09/28/01
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Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO Assistant Commissioner for Patents, Box Patent Application, Washington, DC 20231.

FEE TRANSMITTAL for FY 2000

Patent fees are subject to annual revision

TOTAL AMOUNT OF PAYMENT (\$)

710.00

Complete if Known

Application Number	
Filing Date	September 28, 2001
First Named Inventor	Athanasiros A. Kasapi
Examiner Name	
Group/Art Unit	
Attorney Docket No.	15685P108

METHOD OF PAYMENT (check one)

1. The Commissioner is hereby authorized to credit any overpayments to:

Deposit Account Number	02-2666
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Deposit Account Name	Blakely, Sokoloff, Taylor & Zafman LLP
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Charge Any Additional Fee(s) Required
Under 37 CFR §§ 1.16, 1.17, 1.18 and 1.20.

Applicant claims small entity status.
See 37 CFR 1.27

2. Payment Enclosed:

Check Credit card Money Order Other

FEE CALCULATION

1. BASIC FILING FEE

Large Entity	Small Entity	Fee Code	Fee (\$)	Fee Code	Fee (\$)	Fee Description	Fee Paid
101	710	201	355	Utility filing fee	710.00		
106	320	206	160	Design filing fee			
107	490	207	245	Plant filing fee			
108	710	208	355	Reissue filing fee			
114	150	214	75	Provisional filing fee			
SUBTOTAL (1)				(\$)	710.00		

2. EXTRA CLAIM FEES

Total Claims	Independent Claims	Extra Claims	Fee from below
13	2	20 - 13 = 7	0 X 18.00 = 0
2	3	20 - 2 = 18	0 X 80.00 = 0

Multiple Dependent

*for number previously paid, if greater, For Reissues, see below

Large Entity Small Entity

Large Entity	Small Entity	Fee Code	Fee (\$)	Fee Code	Fee (\$)	Fee Description
103	18	203	9	Claims in excess of 20		
102	80	202	40	Independent claims in excess of 3		
104	260	204	135	Multiple Dependent claim, if not paid		
109	80	209	40	**Reissue independent claims over original patent		
110	18	210	9	**Reissue claims in excess of 20 and over original patent		
SUBTOTAL (2)				(\$)		

3. ADDITIONAL FEE

Large Entity	Small Entity	Fee Code	Fee (\$)	Fee Code	Fee (\$)	Fee Description	Fee Paid
105	130	205	65	Surcharge - late filing fee or oath			
127	50	227	25	Surcharge - late provisional filing fee or cover sheet			
139	130	139	130	Non-English specification			
147	2,520	147	2,520	For filing a request for reexamination			
112	920*	112	920*	Requesting publication of SIR prior to Examiner action			
113	1,840*	113	1,840*	Requesting publication of SIR after Examiner action			
115	110	215	55	Extension for response within first month			
116	390	216	195	Extension for response within second month			
117	890	217	445	Extension for response within third month			
118	1,390	218	695	Extension for response within fourth month			
128	1,890	228	945	Extension for response within fifth month			
119	310	219	155	Notice of Appeal			
120	310	220	155	Filing a brief in support of an appeal			
121	270	221	135	Request for oral hearing			
138	1,510	138	1,510	Petition to institute a public use proceeding			
140	110	240	55	Petition to revive - unavoidable			
141	1,240	241	620	Petition to revive - unintentional			
142	1,240	242	620	Utility issue fee (or reissue)			
143	440	243	220	Design issue fee			
144	600	244	300	Plant issue fee			
122	130	122	130	Petitions to the Commissioner			
123	130	123	130	Petitions related to provisional applications			
126	180	126	180	Submission of Information Disclosure Stmt			
581	40	581	40	Recording each patent assignment per property (times number of properties)			
146	710	246	355	Filing a submission after final rejection (37 CFR § 1.129(a))			
149	710	249	355	For each additional invention to be examined (37 CFR § 1.129(b))			
179	710	279	355	Request for Continued Examination (RCE)			
169	900	169	900	Request for expedited examination of a design application			

Other fee (specify)

Other fee (specify)

*Reduced by Basic Filing Fee Paid

SUBTOTAL (3)

(\$)

SUBMITTED BY

Complete (if applicable)

Name (Print/Type)	Michael A. Proksch	Registration No. (Attorney/Agent)	43,021	Telephone	(503) 684-6200
Signature				Date	09/28/01

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2039.

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